

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
			02-06-01
FEE DETERMINATION	F.F		
O.I.P.E. CLASSIFIER		47	3/6/01
FORMALITY REVIEW	LCK	1034	3-13-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	6 11 2
2	6 25 12 16
3	03 03 03 04
4	✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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4/1/01